RESIDENTIAL CARE SUPPORT GROUP INFORMATION SHEET

February 2017

The COK Division of Family Practice is working with IH to improve the transition of patients from KGH to residential care facilities. A major focus is on unattached patients (without a MRP – Most Responsible Physician), or with a patient who's MRP does not provide residential care and has been unable to find a replacement. The Residential Care Support Group (RCSG) accepts unattached patients into their practices, so that the patients can be transferred to residential care from KGH as soon as a bed becomes available.

When accepting an unattached patient, MRPs anticipate the transfer package to be as complete as possible in advance of the transfer by the transferring health care specialist. The accepting MRP expects to sign off on accepting the new patient, and to review and sign off on a current medication list once the transfer is done.

Following the initial transfer, MRP status can be transferred to someone else within the group more geographically aligned to the care facility, or kept by the receiving MRP.

Commitment of RCSG members:

1. During their week on call, to accept unattached patients as MRP into their practice and provide continuing care until a transfer is complete *IF* requested.
2. During their week on call, to be *back up* for residential care patients of the other members of the RCSG group when they and their regular GP call group are not available. The RCSG may be contacted for other RC patients when MRPs who are not in the RCSG are unavailable and their call group is not responsive. This will be the exception and should be reported to Jen Bitz (jbitz@divisionsbc.ca).
3. To fulfill to the best of their ability the 5 best practice expectations for residential care:
    a. 24/7 availability and on-site attendance, when required;
    b. Proactive visits to patients;
    c. Meaningful medication reviews (one every 6 months);
    d. Completed documentation; and
    e. Attendance at case conferences (at least once a year)

Sequence of Contact for Urgent Calls After Hours and on Weekends:

1. Residential care home to look up MRP preference and either call them directly, or contact SWB to find out who is on call for them.
2. Residential care home to call switchboard (SWB) and ask who is on call for a MRP, SWB to look up who is on call for that MRP[1], SWB will contact that doctor on call. If the residents MRP is not in a general call group, but **is** a member of the RCSG, then SWB should call the RCSG GP-on-call.
3. If the residential care home does **NOT** receive a response from the regular GP-on-call in a reasonable time frame, and the MRP for the patient **is** a member of the RCSG group, the care home should ask SWB to call the RCSG GP-on-call. If the MRP is not a member of the RCSG, the RCSG can still be called, but the incident should be reported to Jen Bitz (jbitz@divisionsbc.ca).

If you would like more information about this group or the Residential Care Initiative,
please contact Jennifer Bitz: jbitz@divisionsbc.ca

[1] SWB will find on call information in MOCAP (Medical On-Call Availability Program)

FAQs

Q. Do members have to cover all residents in the Central Okanagan LTC homes?
A. No, they will only have to take urgent calls concerning residents of their colleagues in the RCSG when their regular on call group is not responsive. They may also be called for other residents outside the RCSG group, but this is discouraged and will be followed up with to prevent future calls of this nature.

Q. Do members have to change GP call groups?
A. No. They are providing services to residential care patients only.

Q. How many physicians can join the RCSG?
A. The group is capped at 26. The more physicians in the group, the less frequently each will be scheduled. There are currently 17 members.

Q. If a patient is transferred into residential care, how soon does the on call member have to see that patient?
A. As soon as is reasonably possible.

Q. If a member works in Winfield and a patient has been transferred to the Westside, they might not be able to care for a patient that far away from their home base. What can they do?
A. The members of this support group are here to help each other. Members will make it known where their preferred sites are, and if you end up with a patient on a Friday who is far away, on Monday you can contact someone who visits that care home frequently and set up a transfer of care to a new doc.

Q. If a member is called about a patient in a facility on a weekend, do they have to make an on-site visit?
A. Good clinical judgment will dictate how they respond. Along with IH, we would like to reduce the number of transfers of residential patients to the ER. Therefore, if the member thinks an on-site visit may save the patient a trip to the ER, they will provide that service. Obviously all transfers cannot be avoided.